

Foster Family Home - Corrective Action Report

Provider ID: 1-110005

Home Name: Irene Redoble, CNA

Review ID: 1-110005-6

94-352 Kahuahele Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/22/2019

Foster Family Home

Required Certificate

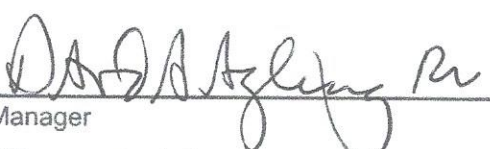
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

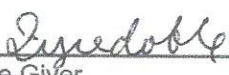
Comment:

Home inspection for a 3 person CCFFH recertification made on 4/22/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager

4/22/19
Date


Primary Care Giver

4/22/19
Date